

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040822

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10057

FILED OCT 29 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in lb
6 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Louis-Little Rock
Hospitals, Inc.,

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY

c. CITY OR TOWN St. Louis,

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS 3325 Illinois Ave.,

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First
Frank

Middle
-

Last
Trokey

4. DATE OF DEATH

Month
Oct.

Day
18,

Year
1962.

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/25/1881

9. AGE (last birthday)

80 yrs.

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Crossing Watchman

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (City and state or country)

Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Gus Trokey

13b. MOTHER'S MAIDEN NAME

Mary Boyer

14. NAME OF HUSBAND OR WIFE

Agnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

17. INFORMANT Address
Agnes Trokey 3325 Illinois

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hemiplegia, left

INTERVAL BETWEEN ONSET AND DEATH

2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebral vascular thrombosis

DUE TO (c)

331X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes mellitus, Chronic cardiac failure

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Oct. 13, 1962 to October 18, 1962 and last saw her alive on Oct. 18, 1962.
Death occurred at 5 P.M., on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

R. G. DeLeon (Degree or title)

22b. ADDRESS

1755 South Grand Blvd.,

22c. DATE SIGNED

10/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

Oct 22, 1962

23c. NAME OF CEMETERY OR CREMATORY

St. James Cem

23d. LOCATION (City, town, or county)

Potosi Mo

24. FUNERAL DIRECTOR

Kutis Funeral Home, Inc., 2906 Gravois St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.

OCT 20 1962

REGISTRAR'S SIGNATURE

Robert Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59
1
2 2 2
3
4 0
5 1
6
7 0
8 2
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10
11
12 69-0
13
69

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4861

P. O. Address St. Louis 19, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.